

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.S.	541-XX	
O.I.P.E. CLASSIFIER	M.	95	8/10
FORMALITY REVIEW	SM	879	04-14-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓	✓ ✓ ✓ ✓ ✓
2 ✓	✓ ✓ 0 ✓
3 ✓	✓ 0 ✓
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5 ✓	✓ ✓ 0
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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